

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960 28

=60-022822

STATE FILE NUMBER

Registration District No. 28 Primary Registration District No. 1000 Registrar's No. 673

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Greene	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield	a. STATE New Mexico	b. COUNTY Bernandillo
Length of stay in 1b enroute		c. CITY OR TOWN Albuquerque	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burge		d. STREET ADDRESS 1820 June, N.E.	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
ROBERT E. BRANKS				June 16, 1960			

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 10, 1925	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY Atomic Energy	11. BIRTHPLACE (City and state or country) Janesville, Wisconsin	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Joseph O. Branks	13b. MOTHER'S MAIDEN NAME Clara M. (unknown)	14. NAME OF HUSBAND OR WIFE Joan Branks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Joseph Branks, Janesville, Wisconsin
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head injuries	INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - DUE TO (c) -	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Two car accident.
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20c. TIME OF INJURY 6:00 A.M.	Hour 6:00 A.M.	Month, Day, Year 6/16/60
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Hiway 66	20f. CITY, TOWN, OR LOCATION 1/2 Mile East of County Hiway 17	COUNTY Greene	STATE Missouri
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at **6:00 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John H. Pluems</i>	(Degree or title) Greene County Coroner	22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 6/20/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 18, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	23d. LOCATION (City, town, or county) (State) Janesville, Wisconsin
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24. FUNERAL DIRECTOR <i>Jewell E. Windle</i>	ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 6-23-60	26. REGISTRAR'S SIGNATURE <i>Effie E. Meeton</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JUL 29 1960

AUG 7 1961

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert E. Nuehlen

Licensed Embalmer No. 4916

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.